

**NH EMERGENCY MEDICAL & TRAUMA SERVICES
COORDINATING BOARD**

Richard M. Flynn Fire Academy – Concord, NH

“APPROVED MINUTES”

March 18, 2004

Members Present: Steve Achilles; Eileen Bartlett; David Duquette; Fred Heinrich; David Hogan; Janet Houston; Douglas McVicar, MD; Shawn Mitchell; Jackie Normile ; Suzanne Prentiss; Susan Reeves; Dianne Roberts; Joseph Sabato, MD; John Sutton, MD; Clare Wilmot, MD.

Members Absent: Paul Gamache, Stephen Grise, Julie Lastowka, Karen Lord, Joseph Mastromarino, MD; Norman Yanofsky, MD

Guests: **[List incomplete – No signatures on the attendance roster]**
Jeanne Erickson

Bureau Staff: Liza Burrill, Educational Coordinator; Kathy Doolan, Field Services Coordinator; Bill Wood, Preparedness Coordinator; Clay Odell, Trauma Coordinator; Fred von Recklinghausen, Research Coordinator; John Clark, ALS Coordinator.

12:50 PM - Prior to the formal meeting; Dr. Wilmot gave an overview of the “Northeast Health Care Quality Foundation” and had packets available for all interested parties present. The Foundation is a non-profit physician group promoting the highest quality of care for patients. The group is governed by a 20 member board, New Hampshire, Maine and Vermont are represented. They produce the “Health Matters” newsletter and are looking for more physicians to get involved. They have over 600 licensed, practicing members currently.

Discussion: Ambulance services will probably be one of the future topics for the group – services offered, quality of care given. There may be other opportunities for EMS to get involved in the future – possible with injury prevention. EMS is in essence taking the place of the “old time” family Doctors with home visits. Medicare issues are also part of the mission of this group – better to be “in the drivers seat” rather than having to comply after policies are in place.

I. CALL TO ORDER

Item 1. The meeting of the EMS & Trauma Services Coordinating Board was called to order by Dr. Joseph Sabato, Chair at 1:15PM on March 18, 2004, at the Richard M. Flynn Fire Academy, Concord, New Hampshire.

II. ACCEPTANCE OF MINUTES

Item 1. January 15, 2004 Meeting Minutes

Motion was made by J. Houston and seconded by S. Reeves to accept the minutes as

written. Motion passed unanimously.

III. DISCUSSION ITEMS

Item 2. – NH EMS Medical Control Board Report – Dr. Mastommarino was not present, Dr. McVicar gave a quick overview.

(Please refer to the March 18, 2004, MCB Minutes for detailed information.)

Item 3. – NH Bureau of EMS Report – S. Prentiss

(Please refer to the March 17 2004, Bureau of EMS Report for more details.)

S. Prentiss reviewed the current number of licensed Providers, Units and Instructors. Mention was made of the recent Bureau Staff family loss and the loss of Laconia Fire Department member. Chief Prentiss asked for all to stand for a moment of silence to recognize these recent losses. D. Hogan asked that FF Cunningham, a New York Firefighter/EMT originally with Deluzio and Keene Fire also be included in the prayers.

[All stood and a moment of silence was observed]

The recent addition of Chuck Hemeon as a part-time Staff member who will assist in Region Two while K. Mattil is out and then will be able to work on additional projects with the Education Section upon her return to work.

Fire & Emergency Services Instructor Training – The Seacoast course is scheduled for March, April and May in Portsmouth and will be the last “independent” program run. All future programs will be coordinated by Dean Chandler, FST, Bureau of Training and Certification and will include any Fire or EMS Instructor candidates. The Bureau Education Staff will liaison with Cpt. Chandler to coordinate new Instructor orientations, preceptor time and provisional licensure.

New I/C Orientations will be held in Littleton and Concord in March and will include individuals that have entered the system from the challenge process, via reciprocity and the fall Instructor programs.

Rural AED Grant – A “Rural AED Coordinator” has been hired by the Bureau to oversee the 2003-2004 AED Grant process. Regional Councils will again be asked for input in order to properly located the machines to be purchased through this grant. Nine public AED Forums are scheduled and Chambers of Commerce, Lions Club members and Rotarians have been invited to attend. This years grant is business oriented but does not exclude others from applying. The AED proposal for bids has been submitted and will hopefully be out and replied to quickly.

After the Governor & Council approves the training contract for the grant and the machine bid is awarded, training can begin. With the Councils input, the Bureau hopes to award machines in May.

J. Houston asked how long the grant was running, Chief Prentiss stated that it is

projected as a three year grant needing to be applied for annually.

Protocol Development and Implementation – The Protocol Content Review Committee has met four times and the bulk of the clinical protocols have been completed. Appendices will be the next step, input to these and the protocols can be made at the meetings or via the Bureau web site at <http://www.state.nh.us/safety/ems>.

EMS Week & Provider Safety – During EMS Week (May 15 – 22, 2004, the Bureau will be offering two programs on Provider Safety. May 17, 2004 Dr. Nadine Levick will be speaking on ambulance crash outcomes, measuring the risks. On May 19, 2004 Steve Achilles will be speaking on Provider risk reduction at the scene of motor vehicle crashes. Each of these presentations will be teleconferenced using the distance learning system at the Academy and Gregg Safety Academy and broadcast to as many sites as possible. Notification will be made to each Squad and Hospital in the near future.

Trauma System & Preparedness – The Hospital Trauma System renewal process will come before the Board today. The Airmedical early notification project is moving ahead in the Monadnock and Concord catchment areas. The "On-site reviews" of hospitals that have not been through the process to be included in the Trauma System of New Hampshire is underway. Valley Regional, Spear Memorial and Cottage Hospitals have recently been visited by the Trauma Coordinator. An updated Trauma Triage and Trauma Documentation education program and resource guide is in process and scheduled to be out this summer.

Radio Interoperability – Colonel Fred Booth has completed the Regional Council meetings on this project and the Bureau is working on communities to complete the follow-up/installation survey and have it returned. 171 of 321 surveys have been completed, this includes Fire and EMS Services. The Bureau has been asked by the Interoperability Committee to survey all acute care hospitals to find out the condition of their current radio systems. If there is money left at the end of the project these hospitals will be targeted for new equipment. The Hospital Association is also looking into HRSA money to get the hospitals on line with updated equipment compatible with Fire/EMS.

TEMSIS – This project is entering the second year of work and has recently produces a "New Hampshire TEMSIS: Year One Report 2003 – 2004" (handouts offered). An RFP has been prepared to go out late spring-early summer to potential vendors. Funding sources are being researched for this project.

Exam Process & Season Wrap Up – The 2003-2004 Refresher season will soon be over, 121 practical exams and over 2000 basic level providers have been tested. The Education Staff is working to create a process by which to consolidated exams and further standardize procedures. No final decisions have yet been made on a testing calendar.

National Registry Computer Adaptive Testing (CAT) Planning – National Registry (NR) is planning to begin a new method of on-line testing in 2007. A focus group made up of New Hampshire EMS Providers and Administrators is being organized to listen to the NR proposal and give input to the process –

details to follow.

Instructor/Coordinator Enhancement Seminars – The spring seminars will be held on May 7 and 8, 2004 in Conway and Keene respectively. Phil Dickinson from the National Registry will be speaking and Instructors from EMS and the Fire Services have been invited to attend.

Item 4 – Regional Council Presentation – Region Five – K. Lucas

Kurt offered handouts to all present. The handout outlined the Region Five Council and Districts, EMS Services, Hospitals and population demographics. Associated difficulties that the North Country and EMS come up against were discussed. Loss of jobs and 30% lower income for residence of the area is common. The Littleton Regional Hospital (LRH) Paramedic Intercept program was an example given of services offered with no income received by the Hospital. The fall EMS Conference is an ever expanding and positive experience sponsored by LRH – approx. 500 Providers from all over the state take advantage of this for continuing education hours and networking. Services throughout the Region have difficulty covering shifts with the volunteer population remaining high. D. Hogan asked if a regional system had ever been considered. K. Lucas stated that it has been discussed but the reality of the area involved makes it difficult.

Item 5. – Trauma System Renewal of Assignment Project – C. Odell

Handouts were offered to all present “Application for Renewal of Hospital Assignment within the NH Trauma System”. Clay discussed the initial five year renewal process that was built into the Trauma System Plan and that it had been more than five years but no renewals have been completed. To revisit each of the sites would be labor intensive, a multi disciplined team was initially organized for each visit. Reality is that the equipment needed for the initial assignments are still in place at the hospitals – no need to revisit.

Possibly a meeting will be set up with each hospital representative to meet with two members of the Trauma Review Committee – one of which was on the initial review of that site and review the issues that were not up to specifications. All items from the initial list of requirements are still necessary but won’t be reviewed point by point.

S. Reeves asked about legislation requiring designation, C. Odell responded that it is a totally voluntary system. S. Reeves expressed that this is a very distressing situation to have a voluntary trauma system. Discussion began concerning a mandated system and how difficult it would be. The group concluded that the current system is working and that more hospitals are coming on board, so that we should move forward from here. The application (handout) was then reviewed and Dr. Sutton explained why certain questions were asked. D. Hogan made mention that the average time to transfer patients should be asked. Discussion ensued about asking this question or not and the ease of answering it. D. Roberts questioned that this was one of the main reasons the system was initially set up – statistics. Questions were raised about the make-up of a Trauma team, the decision making process to “ship” a patient, availability of

vehicles to transport in and surgeon availability.

The group likes the application format and thought that it would be a great tool for a self-assessment and those new applicants to have ahead of time in order to prepare for an assignment.

Dr. Sabato discussed the linkage between the Trauma System and the States Injury Prevention (IP) Plan. C. Odell stated that the Trauma Review Committee recently began talking about fostering the IP and EMS connection.

S. Achilles made a motion to show support from this Board for strengthening the connection between IP and EMS. D. Hogan seconded the motion. Motion passed unanimously.

Item 6 – MCI Committee Status Report – F. Heinrich

Upon review the committee found that there is no national standard for mass casualty incident (MCI) training. The committee has discussed establishing objectives that must be met but allowing the use of any program that meets those objectives. Making sure that people had similar training would obviously make working together much easier at an MCI. Maine and Vermont use the New England Council (NEC) program and it would be smart to consider the objectives of the NEC training. Also including Incident Command (IC) and Haz Mat training is recommended.

Discussion ensued about possible making this an alternative to the required RTP process for the next two cycles. This would get the training out there and then it could be worked into the continuing education process for years to come. Dr. Sabato mentioned some for the Medical Reserve Corps that could possibly help meet this need for instructors to teach the programs. He also suggested that the committee review the Basic Disaster Life Support (BDLS) and Advanced Disaster Life Support (ADLS) course curriculum and will e-mail the information to F. Heinrich.

Dr. Sabato made a motion that the Board support the standardization of objectives for MCI training programs. J. Houston stated that MCI is not standard and not required like Haz Mat or ICS. S. Reeves stated that to make this standardized would be less labor intensive and less difficult for the system to bare. S. Achilles asked that before a vote is taken that the Disaster Course curriculum be reviewed by the committee and that a report be made on the findings. D. Hogan stated that “interoperability” is the key these days and that means standardization. Seek a standard training program to promote as the NH standard MCI program.

S. Reeves moved the question forward. S. Achilles seconded. Motion passed unanimously.

Item 7. – Medical Reserve Corp Status Report – J. Sabato

Dr. Sabato reported that more grants may be available this coming summer to further expand this program.

Item 9. – Safety of NH EMS Providers – S. Achilles / S. Reeves

S. Achilles reported that he had given the Provider Safety Program at the fall North Country EMS Conference and that it went well. He would like to see the Bureau take it a step further and offer it on a wider basis with training materials so that the participants can take it back to their own Squads. WE could require rosters and offer certificates of participation for hours. This would increase awareness on the Provider level, which is the goal. Discussion on the delivery route to be used and possibilities of credit to be given was discussed. S. Prentiss thought that this could be another session offered in May. Dr. Sabato suggested offering a model SOP to participants.

Item 10. Items of Interest – All present

D. Duquette mentioned legislation being proposed by law enforcement representatives to take authority away from Fire Chiefs on the scene of motor vehicle crashes on highways – roads being closed for too long cause traffic problems. This legislation is being watched carefully by the Fire Chiefs Association and others. He will report back next meeting.

IV. ADJOURNMENT

Motion was made by S. Achilles and seconded by J. Houston – Motion passed unanimously agreed – adjourned 3:10 PM

V. NEXT MEETING

**May 20, 2004 – 1:00 PM – Richard M. Flynn Fire Academy
Concord, NH**

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by K. Doolan, Field Services Coordinator)